

[www.horseshowing.com](http://www.horseshowing.com) OR  
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Spring Into April  
April 2-4<sup>th</sup> 2021  
Fox Hill Equestrian Center

**Pre-entry Deadline March 29th. 5 p.m**  
**Post deadline entries may be declined**

Horse CHJA #	Horse Name:	Sex	Color	Age	Height	Size	Green Year
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Primary Owner Name:	CHJA#	DOB	Owner Email Address:	
Owner Address	City/State/Zip	Cell Phone:	Home Phone:	Emergency Phone:

Rider #1 Name:	CHJA#	DOB	Rider #1 Email Address:	
Rider #1 Address	City/State/Zip	Cell Phone:	Home Phone:	Emergency Phone:
Rider #1 Classes by Number				

Rider #2 Name:	CHJA#	DOB	Rider #2 Email Address:	
Rider #2 Address	City/State/Zip	Cell Phone:	Home Phone:	Emergency Phone:
Rider #2 Classes by Number				

I hereby indemnify and hold harmless InStride, Inc., its employees, Fox Hill Equestrian Center and its employees, CHJA and its Board of Directors, from any liability arising from accident, injury, infectious disease, theft or damage to me, my representatives or helpers, all equipment and all animals under my jurisdiction during this show.

**WARNING** Under Colorado Law, an equine professional is not liable for injury or death of a participant in equine activities from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised statutes. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

**Owners Parent/Guardian Signature** (Required if rider/driver/handler is a minor) \_\_\_\_\_ Print Parent/Guardian

Name: \_\_\_\_\_ I \_\_\_\_\_ Print Parent/Guardian

**Rider #1 Parent/Guardian Signature** (Required if rider/driver/handler is a minor) \_\_\_\_\_ Print Parent/Guardian

Name: \_\_\_\_\_ I \_\_\_\_\_ Print Parent/Guar

**Rider #2 Parent/Guardian Signature** (Required if rider/driver/handler is a minor) \_\_\_\_\_ Print Parent/Guar

Show Fees	Amt	Sub
Office Fee	25.00	
EMT Fee	15.00	
Grounds Fee	20.00	
Stalls Call 303-520-4410 Liz Shavings \$ ___x___	8.00	
Late Fee -\$25, day of show \$	25.00	
Total		

Trainer:	CHJA#	Cell #	Email Address:
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